PTO/SB/06 (08-03)
Approved for use through 7/31/2006, OMB 0651-0032
U.S. Pstent and Tradamark Office; U.S. DEPARTMENT OF COMMERCE to a collection of Information unless ft displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application of Pocks Flumber 1		
CLAIMS AS FILED - PART I (Calumn 1) (Calumn 2)							SMALL ENTITY		or	OTHER THAN SMALL ENTITY	
	FOR	BMUN	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
	SIC FEE CFR 1.18(a))							1	OR		\$
	FAL CLARKS CER 1.15(.))		minus 2	v # · .			33 "		Cas	ء د ر	
ENDEPENDENT CLAMS		45	mbnus				x \$		OR	X 3 =	
\vdash										<u> </u>	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						! !	+ \$ •		OR	+\$	
" If the difference in column 1 is loss than zero, enter "0" in column 2.						TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II											
l		(Column 1)		(Column 2)	(Column 3)		SMALL E	NTITY	OR		R THAN
	11/1	CLAIMS	T	HIGHEST		ſ			1		ENTITY
AMENDMENT A	3/4/03	REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		HATE	ADDI- TIONAL		RATE	ADD1- TIONAL
	Total	AMENDMENT	Minus	PAID FOR	. /	1	72	_ FEE		-	FEE
	(37 CFR + (G(2))	27	Minus	37	-		x 3 25.	_/	OR	x s 50=	
ME	(37 C/R 1 14(c)))		2			x s/00.		OR	x 1200	/
₹	FIRST PRESENT	FATION OF MULTIPL	E DEPEND	ENT CLAM (37 d	FR 1,16(d))		+5e		OR	+5	
.1							ADD'L FEE		OR	TOTAL	
	3/16	(Column t)		(Column 2)	(Column 3)		•		,		
8	91.1	CLAHAS		HIGHEST	PRESENT	Γ	RATE	4504		CAYC	ADDI
AMENDMENT	16/02	REMAINING AFTER	ŕ	NUMBER PREVIOUSLY	EXTRA		70.16	ADDI- TIONAL		RATE	TIONAL
	Total	36	Minus	"37	-	ŀ	x,25.	FEE		,, 5 0.	FEE
	(37 CFR + (G(cl)	- JG	Minus	~	./	ŀ	100	: .	OR	200	
ME	(37 CF9 + 16(bl)	<u>a</u>	<u> </u>	2	L /	ŀ			OR	x s	
FIRST PRESENTATION OF MULTIPLE DEPENDENT QUAM (37 CFR 1 16(d))					L	+1 180		OR	101AL		
							ADD'L FEE		OR	ADD'L FEE	
		(Calumn 1)		(Caluma 2)	(Column 3)				•		
U		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	ſ	RATE	ADD1-		RATE	ADD1.
AMENDMENT (AFTER ALIENDMENT		PREVIOUSLY PAID FOR	EXTRA	-		TIONAL FEE			TIONAL .
	Intal (s: CFS) seesh	,	Minus	**	-	ľ	x s_ •	,,,,,	OR	x s •	
읽	independent (3) CFB 1 (6(6))	• .	Minus	•••	2	t			-	x 5 =	
M					<u></u>	ŀ	× s =		OR	· ·	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR 1.16(d))						L	TOTAL		OR	TOTAL	
3							ADD'L FEE		OR	ADD'L FEE	
th the entry in column 1 is loss than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											

" If the Thighest Number Proviously Paid For IN THIS SPACE is less than 3, enter "3

The Highest Number Praviously Paid For (Total or Independent) is the highest number found in the appropriate tios in column 1.

This collection of information is required by 37 CFR 1,16. The information is required to obtain or retain a benefit by the public which is to file (and by the USP10 to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USP10. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND T.O. Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-500-PFO-9199 and select option 2.